Completing Your Kentucky Immunization Registry Enrollment

Page 1 - *Instruction Sheet*

- KYIR Enrollment form-complete one per clinic/facility
- KYIR User Confidentiality Agreement-complete one per clinic/facility
- CHFS 219- complete one per log-in user

Page 2 - *Provider details*

Please complete all fields- if you do not understand any part of the form, please feel free to call or email the Kentucky Immunization Registry Help Desk.

- **Signed CHFS 219's must be received before access will be provided.**
  Any and all staff members that may need access to Kentucky Immunization Registry (KYIR) must each read and complete a CHFS219 form to establish a User Account. User accounts may NOT be shared amongst employees.
  - ✓ **Please note:** ***Please retain a copy of the CHFS219 for reference.***
- **It is VERY important that each user provide an email address where they can be reached-** they will be placed in our User Distribution List and will receive notifications regarding KYIR. Please provide work-issued email addresses if possible. Please also make sure your computer network accepts our emails (sent from KYIRHelpdesk@ky.gov).

Adding Additional Users

- Please retain a blank CHFS219 form and the user accounts page of this form for use in adding additional users after being established as a KYIR provider. The CHFS219 form can also be found on our website. Please mail or fax completed user forms to the address/fax listed on the forms.

Provider Contact: Choose an individual to be the official "KYIR Contact" in your office. They will be the first point of contact in any future KYIR correspond ence.

Submitting the application: Please email the completed application to KYIRHelpdesk@ky.gov or fax to 502-564-4760. **Please allow 7-10 business days for processing.**

WEBIZ Kentucky Immunization Registry

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Office/Facility Enrollment Form

Please fill out this form in its entirety. This information is used to establish a Kentucky Immunization Registry account for your organization. Please be sure your provider contact signs and dates page 3 before submitting. If you have questions regarding this form, please contact the KYIR Help Desk at (502)564-0038 or KYIRHelpdesk@ky.gov.

Provider (Practice/ Facility) Name: _____

National Provider Identifier (NPI): _____

Provider Mailing Address: _____

_____

City County State Zip Code

Provider Contact Person: **Title:** _____

Business Phone **Fax #:** _____

E-mail address: _____

Provider Type: ***(check only one)***

☐ Hospital	☐ Correctional Facility	☐ Community Health Center	☐ School/School District
☐ Pharmacy	☐ General Practice	☐ Health Care Org./Ins. Co.	☐ FQHC
☐ Local Health Dept	☐ Urgent Care	☐ Non-Profit/Free Clinic	☐ Nursing Home/Hospice
☐ Pediatrics	☐ Rural Health Clinic	☐ Child and Family Services	☐ Other: _____

Does your office give immunizations? ☐ **Y** ☐ **N**

HL7 Status ***(check all that apply)***

☐ **Have an EMR in the Clinic** ☐ **EMR is on-board with KHIE** **Note:** _____

Usage Type: ***(check all that apply)***

☐ **Managed Care / HEDIS** *(can only upload & retrieve data for HEDIS reporting)*

☐ **Research Immunization Records** (view only)

☐ **Manually Enter Newly Administered and/or Historical Immunizations** *(requires parental consent for Department of Education)*

☐ **Vaccines for Children Program (VFC), 317 adult program, and COVID providers only- Full Inventory Management**
These providers must track manufacturers/lot numbers for vaccines in KYIR and manage the quantities of vaccines in stock

Does your provider/facility participate in any of the following programs? *(check only if enrolled or currently enrolling)*

VFC Provider?	If yes…VFC Effective Date?_____	VFC Pin #? _____
317 Provider?	If yes…317 Effective Date?_____	317 Pin #? _____
COVID Provider?	If yes…COVID Effective Date?_____	COVID Pin #? _____

What Vaccine Funding Sources Does your Clinic Administer? *(please check all that apply)*

☐ VFC ☐ 317 ☐ State ☐ Private ☐ COVID ☐ Other:_____

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